Michigan Department of Labor & Economic Growth Office of Human Resources

MODIFIED WORK SCHEDULE REQUEST

Submitting this request means you are aware of the conditions governing Modified Work Schedules.

Employ	Employee Name			Employee ID Number		Date	
Class and Level			Bargainir	Bargaining Unit			
Bureau			Division	Division			
Date M	Date Modified Work Schedule is to Begin:			Date Modified Work Schedule is to End:			
		First Week	of Pay Perio	od			
		Starting Time	Start Lur	Start Lunch End		Quitting Time	
	Monday						
	Tuesday						
	Wednesday						
	Thursday						
	Friday						
		Second Weel	k of Pay Pai	riod			
	Second Wed Starting Time			Lunch Start End			
			Lur	nch	Quit	tting Time	
	Monday		Lur	nch	Quit	tting Time	
	Monday Tuesday		Lur	nch	Quit	tting Time	
			Lur	nch	Quit	tting Time	
	Tuesday		Lur	nch	Quit	tting Time	
	Tuesday Wednesday		Lur	nch	Quit	tting Time	
Employ	Tuesday Wednesday Thursday Friday		Lur	nch			
Employ	Tuesday Wednesday Thursday		Lur	nch	Quit		
	Tuesday Wednesday Thursday Friday		Lur	nch		ute	
Superv	Tuesday Wednesday Thursday Friday		Lur	nch	Da	ate	
Superv	Tuesday Wednesday Thursday Friday ee Signature		Lur	nch	Da Da	ate	